

NEVADA GAMING COMMISSION
ANNUAL LICENSE FEE REPORT
for the issuance or renewal of a
SERVICE PROVIDER LICENSE

This report, with your remittance payable to the order of the NEVADA GAMING COMMISSION, is required to be filed PRIOR to the commencement of operations; ON or BEFORE December 31 for the ensuing calendar year.

Period Covered: _____

Filing Deadline: _____

Account No., Name, Address, Zip Code

Account No.:		Check
Legal Name:		Number
Trade Name:		Batch
Address:		Number
City, State, Zip:		Entry
		Date
Please correct if in error		

Instructions

- A. This form is for the use of SERVICE PROVIDERS only (Regulation 5.240).
- B. All licenses shall be issued for the calendar year beginning January 1 (and **expiring December 31**), and regardless of the date of application or date of issuance of the license, the fees to be charged and collected under the provisions of Regulation 5.240 shall be those fees fixed as an annual license fee for service providers.
- C. For the issuance or renewal of a service provider license the Nevada Gaming Commission shall charge and collect from each applicant -- \$1,000.

If you have any questions, please contact the State Gaming Control Board, Tax and License Division.

Line 1.	Application for the issuance or renewal of a Service Provider License (\$1,000)	\$ _____
Line 2.	Penalty for late payment (\$250) NRS 463.270 (5)	_____
Line 3.	TOTAL AMOUNT DUE [Total of lines 1 and 2]	\$ _____

Please make remittance payable to: NEVADA GAMING COMMISSION

Return to the State Gaming Control Board, PO Box 8004, Carson City, NV 89702-8004.

Pursuant to NRS 353.1467, payments made to the State, in the aggregate, that amount to \$10,000 or more must be sent electronically.

I, _____ certify and declare under the penalties of perjury that I am the _____ of the business named above; that this is a true, correct and complete report (Owner, Partner, President, Treasurer, Other-describe) to the best of my knowledge, information, and belief; and that this application and report is made with the knowledge and consent of all other individuals licensed.

Dated _____ Signed _____

Person to contact regarding this report: Name: _____ Phone: _____

RETURN ORIGINAL AND MAKE DUPLICATE FOR YOUR RECORDS